

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

P. O. Box 13087

AUSTIN, TEXAS 78711-3087

Document Approved March 21, 1996

APPLICATION FOR A PERMIT/REGISTRATION TO OPERATE A MUNICIPAL SOLID WASTE FACILITY PART A APPLICATION FORM

PERMIT/REGISTRATION APPLICATION NO. MSW _____ (for TNRCC use).

Name of Facility:	
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Mailing Address of the Facility:

(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	

Name of Applicant:				
(Authorized Individual's Name)				
(Authorized Individual's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Applicant's Agent				
(Authorized Agent's Name)				
(Authorized Agent's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Name of Applicant: _____

TYPE OF FACILITY

Check Appropriate Boxes	Existing:	Permit No & Present Amendment Letter :		
	Proposed:	Registration No.:		
Type I			Type VI	
Type I-AE			Type VII	
Type IV			Type VIII	
Type IV-AE			Type IX	
Type V	Type of Process:			

Geographic Coordinates of Permanent Site Benchmark:

Latitude	N
Longitude	W
Elevation (above msl)	

Property Owner:

(Record Property Owner Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Ownership Status of Applicant:

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(Federal, State, Local, Private, Public, or Other Entity)

Name of Applicant: _____

Deed Information:

(County)	(Book)	(Volume)	(Page)
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Easement Holders of On-Site Easements are:

Name	Address	Contact Person	Area Code Telephone & FAX

Descriptive Location of Facility: (include total acreage of permit boundary, distance and direction from nearest town or city if site is outside the city limits, distance and direction from nearest roadway intersection with roads identified.)

Within City Limits of :

**Within Extraterritorial
Jurisdiction of City of:**

Name of Applicant: _____

Waste Acceptance Rate, Site Life, and Population Served:

The facility will serve a population equivalent of _____ people, within a service area that includes the following cities and counties, _____. It is estimated that the site will receive an average of approximately _____ tons/cubic yards/gallons of municipal solid waste per day, and have an estimated life of _____ years.

List the nature, type and estimated quantity of waste.

Municipal Solid Waste

Class 1 Industrial

Class 2 Industrial

Class 3 Industrial

Special Waste

Other Waste (specify)

Waste to be specifically
excluded (specify)

Traffic Impact:

The primary access routes to the site are (list roads within one mile of site to be used for site access) _____. Initial traffic impact is estimated to be _____ vehicles/day with an estimated ultimate traffic impact of _____ vehicles/day.

Name of Applicant: _____

The site is located in Texas Department of Transportation District :

(TxDOT District Name & #)				
(District Engineer's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

The local governmental authority or agency responsible for road maintenance is

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Consulting Engineer:

(Responsible Engineer's Name)				
(Name of Engineering Firm)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

Name of Applicant: _____

Provide the following information for the State Senators and Representatives who represent the area in which the municipal solid waste facility is located.

State Representative

District Number:				
State Representative's Name:				
(District Office Address)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

State Senator

District Number:				
State Senator's Name:				
(District Office Address)				
(City)(County) (State)(Zip)				
(Area Code) (Phone #)				
(Area Code) (FAX #)				

Name of Applicant: _____

Provide the following information for the appropriate regional Council of Governments(COG), River Basin Information, and U. S. Army Corps of Engineers District which represents the area that the municipal solid waste facility is to be located.

COG Name:				
(COG Representative's Name)				
(COG Representative's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

River Basin Information:

(River Authority)				
(Contact Person's Name)				
(Watershed Sub-Basin Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

This site is located in the following district of the U. S. Army Corps of Engineers

	Albuquerque, NM		Ft. Worth, TX		Galveston, TX		Tulsa, OK
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Name of Applicant: _____

List all other permits or construction approvals, required, received or applied for to this or any government agency, whether local, state, or federal which pertain to this facility. Be specific, include permit numbers and other identifiers.

RQD = Required
APP = Applied For

REC = Received
N/A = Not Applicable

	Hazardous Waste Management program under the Texas Solid Waste Disposal Act;
	Underground Injection Control (UIC) program under the Texas Injection Well Act;
	National Pollutant Discharge Elimination System (NPDES) program under the Federal Clean Water Act (CWA) and Waste Discharge program under the Texas Water Code, Chapter 26;
	Prevention of Significant Deterioration (PSD) program under the Federal Clean Air Act;
	Nonattainment program under the Federal Clean Air Act;
	National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clear Air Act;
	Ocean dumping permits under the Marine Protection Research and Sanctuaries Act;
	Dredge or fill permits under of the Federal Clean Water Act;
	NPDES Stormwater Pollution Control §402 Permit;
	U. S. Army Corps of Engineers Dredge and Fill Permit §404;
	TNRCC Air Quality Permit or Registration;
	other environmental permits (provide list);

Name of Applicant: _____

Applicant's Statement

"I, _____, state that I have knowledge of the facts herein set forth and that these facts are true and correct, to the best of my knowledge and belief. Furthermore, I am familiar with all pertinent requirements contained in the Municipal Solid Waste Management Regulations, and (*applicant name*) _____ agrees to develop and operate the municipal solid waste facility in accordance with the plan, the regulations and any permit provisions. I further state that, to the best of my knowledge and belief, the project for which the application is made will not violate any law, rule, ordinance, decree of any duly authorized governmental entity having jurisdiction. I further state that I am the applicant or am authorized to act for the applicant." [30 TAC 330.56(i)]

(Signature of Applicant)				
(Type or Print Name and Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				
DATE				

Notary Public's Certificate

Subscribed and sworn to before me, by the said

_____ ,

this _____ day of _____, 19____, to certify which witness my hand and seal of office.

Notary Public in and for _____ County, Texas

My Commission Expires _____

Name of Applicant: _____

Applicant's Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [30 TAC §305.44(b)]

(Signature of Applicant)				
(Type or Print Name and Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				
DATE				

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_____ ,

this _____ day of _____, 19_____, to certify which witness my hand and seal of office.

Notary Public in and for _____ County, Texas

My Commission Expires _____